[Company Name]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Approval of Long-Term Disability (LTD) Leave

Dear [Employee Name],

This letter is to inform you that your request for Long-Term Disability (LTD) leave has been approved. Based on the medical documentation provided, your leave is scheduled to begin on [Start Date].

The anticipated duration of your leave is [Expected Duration/Until Further Notice]. During this period, your disability benefits will be administered by [Insurance Carrier Name] in accordance with our company policy and your plan coverage.

Please note the following regarding your employment status and benefits:

- **Benefit Payments:** You will receive separate correspondence from [Insurance Carrier Name] regarding your benefit amount and payment schedule.
- **Health Insurance:** [Details regarding premium payments and coverage continuation].
- **Communication:** You are required to notify [Name/Department] of any changes to your medical status or contact information.
- **Return to Work:** Prior to returning to work, you must provide a medical release from your healthcare provider outlining any necessary accommodations or restrictions.

If you have any questions regarding your leave or benefit status, please contact the Human Resources department at [Phone Number] or [Email Address].

We wish you a steady recovery.

Sincerely,

[Name]
[Title]
[Company Name]